



Arizona Regulatory Board of Physician Assistants

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514
Telephone: 480-551-2700 • Fax: 480-551-2704 • www.azpaboard.org

Janet Napolitano
Governor
Albert Ray Tuttle, P.A.-C
Chairman

Timothy C. Miller, J.D.
Executive Director

NOTIFICATION OF SUPERVISION INFORMATION AND INSTRUCTIONS

THE PHYSICIAN ASSISTANT (MAY NOT PERFORM HEALTH CARE TASKS UNTIL THE SUPERVISING PHYSICIAN RECEIVES THE BOARD-APPROVED NOTIFICATION OF SUPERVISION. THIS PROHIBITION INCLUDES, FULL-TIME OR PART-TIME EMPLOYMENT, VOLUNTEER WORK, TEMPORARY ASSIGNMENTS OR CHANGE IN SUPERVISING PHYSICIAN. FAILURE TO COMPLY WITH THIS PROHIBITION MAY RESULT BOARD ACTION OR DENIAL OF THE NOS.

"In order to act as a supervising physician or a supervising physician's agent, a physician shall hold a license pursuant to chapter 13 or 17 of this title and not hold a license under probation, restriction or suspension unrelated to rehabilitation." Per **A.R.S. § 32-2533(E)**: Locum Tenens physicians cannot supervise physician assistants."

NOTIFICATION OF SUPERVISION

1. A Notification of Supervision application (NOS) must be submitted with the \$125.00 fee.
2. When a supervising physician (SP) is no longer supervising a Physician Assistant (PA) the NOS, including the authority of all SP agents (SPA) under the NOS, is immediately null and void, THE PA AND SP MUST NOTIFY THE BOARD IN WRITING WITHIN 30 DAYS OF TERMINATION.
3. Working without PA Board approval is a violation of the Arizona Revised Statutes (ARS) and may result in action(s) being taken against the license of the PA and SP, including rendering the physician ineligible to be a SP.

TRANSFER OF SUPERVISION TO AN AGENT

1. A NOS application and the \$50.00 fee must be submitted.
2. The new SP must be an approved SPA on a current NOS.
3. An approved Transfer of Supervision replaces the current NOS. A Transfer of Supervision cannot be used to add an additional SP, you must file a separate NOS.

SUPERVISING PHYSICIAN'S AGENT

1. The SP may have other physician(s) within the practice or group serve as a SPA to provide consultation and supervise the PA when the SP is not immediately available. The SPA may substitute for the SP during weekly meetings to discuss patient management only in the event of the SP's illness, vacation or continuing education programs.
2. Continuing to work under an SPA after an NOS has terminated is a violation of law and action(s) may be taken against the PA and the SPA(s) involved.
3. To add additional SPAs under an approved SP any time after the NOS is approved you must complete an "Agent Addition" form signed by the SPA and the SP, submit the \$25.00 fee and fax it to the PA Board at 480-551-2704 or mail it to the Board's office.
4. A PA may not begin working under the new SPA until SP receives notification of approval from the PA Board.
5. SPAs may not be added under other SPAs.
6. SPAs cannot be transferred from one SP to another. You must file another NOS for Board approval.

PHYSICIAN ASSISTANTS WORKING AT A LOCATION GEOGRAPHICALLY SEPARATED FROM THE SP'S PRIMARY PLACE FOR MEETING PATIENTS

There must be:

1. Adequate provision for immediate communication between the SP or SPA and the PA.
2. Adequate supervision and review of the PA's performance of health care tasks.
3. A printed announcement posted in the waiting room of the geographically separated site that contains the names of the PA and SP states the facility employs a PA who is performing health care tasks under the supervision of a licensed physician.

PRESCRIBING – ADMINISTERING - DISPENSING

1. Before a PA may prescribe, administer or dispense Schedule II, III, IV and V controlled substances, the PA must have an Active (permanent) license, his/her own Drug Enforcement Administration (DEA) number, and the tasks must be delegated by the Supervising Physician on the NOS.
2. The SP must be registered to dispense with the respective Board in order to delegate dispensing privileges to the PA. "Dispensing" is filling prescriptions from a supply of drugs and devices kept at your office. If you only write prescriptions for patients to fill elsewhere, you do NOT need to register to dispense.
3. For information about a DEA registration number, please contact the Phoenix DEA office at 602-664-5831. A Copy of PA's current DEA registration must be filed with the Board.
4. All prescription orders issued by a PA shall contain the name, address and telephone number of the SP. A PA shall issue prescription orders for controlled substances under the PA's own drug enforcement administration registration number.
5. Unless certified for fourteen day prescription privileges pursuant to A.R.S. § 32-2504(A), a PA shall not prescribe a schedule II or III controlled substance for a period exceeding seventy-two hours. For each schedule IV or schedule V controlled substance, a PA may not prescribe the controlled substance more than five times in a six month period for each patient. (If fourteen day prescription privileges of schedule II and III controlled substance's are delegated a separate PA attestation, recordation and review page needs to be completed in the application by the PA and SP).

AT ALL TIMES WHILE A PA IS ON DUTY, THE PA SHALL WEAR A NAME TAG WITH THE DESIGNATION "PHYSICIAN ASSISTANT." A.R.S. § 32-2531 (G)

PAYMENT

1. There are several methods of payment: cash, check or money order payable to the Arizona Regulatory Board of Physician Assistants or "ARBOPA", or by using the attached credit card payment authorization form.
2. Submit the payment to the Arizona Regulatory Board of Physician Assistants, 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258.

Within thirty days after an employer terminates the employment of a physician assistant, the SP and PA must submit a written report to the Board providing the date of termination and the reasons for the termination. The PA shall not work as a PA until the Board approves another SP. A.R.S. § 32-2534 (H)

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
9545 E. Doubletree Ranch Road, Scottsdale, Arizona 85258, Ph: 480-551-2700, Fax: 480-551-2704

NOTIFICATION OF SUPERVISION APPLICATION
(PLEASE PRINT OR TYPE CLEARLY)

- | |
|--|
| <input type="checkbox"/> NOTIFICATION OF SUPERVISION APPLICATION FEE \$125
<input type="checkbox"/> TRANSFER OF AN EXISTING AGENT TO SUPERVISING PHYSICIAN \$50
<input type="checkbox"/> ADDITION OF AGENT(S) TO EXISTING NOS ON FILE \$25.00 |
|--|

THIS PAGE TO BE COMPLETED BY THE PHYSICIAN ASSISTANT
(Information below relates only to *this application under this supervising physician*)

PHYSICIAN ASSISTANT NAME: _____
ARIZONA P.A. LICENSE NUMBER: _____ WORK PHONE NO: _____ FAX NO: _____
CLINIC/FACILITY/INSTITUTION NAME: _____
ADDRESS WHERE HEALTHCARE TASKS ARE PERFORMED: Please note a P.O. Box will not be approved

(Street)

(City)

(State)

(ZIP)

1. Is this your primary place of employment? Yes ☐ No ☐ If no, please list primary place of employment: _____

2. Have you ever had a physician assistant certification refused, suspended or revoked by any other state or country for reasons which relate to your ability to engage skillfully in the health care tasks of a physician assistant? Yes ☐ No ☐ If so, please explain: _____

3. Has your Drug Enforcement Administration (DEA) registration or State prescriptive permit ever been denied, restricted, suspended, revoked, or otherwise taken away or lost? Yes ☐ No ☐ If answer is yes, please explain _____

4. Do you maintain hospital privileges? Yes ☐ No ☐
5. Have your hospital privileges ever been denied, revoked, suspended or limited in any way? Yes ☐ No ☐ If answer is yes, please explain _____

6. How many days per week do you expect to work under the supervision of this supervising physician? _____
How many hours per week do you expect to work under the supervision of this supervising physician? _____
7. Do you have any other Supervising Physicians? Yes ☐ No ☐ If yes, please list names below _____

THIS SECTION TO BE COMPLETED BY THE SUPERVISING PHYSICIAN

SUPERVISING PHYSICIAN NAME _____ **MD/DO)**

ARIZONA LICENSE NUMBER _____ DATE ISSUED: _____

CLINIC/FACILITY/INSTITUTION NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE NO.: _____ OFFICE FAX NO.: _____

Field of Practice: _____ Board Certified? Yes ☐ No ☐ Active Practice? Yes ☐ No ☐

NOTE: "The Board shall approve a physician to supervise a physician assistant only if the physician is engaged in the active practice of medicine." R4-17-303 (B) "Active practice of medicine" means a physician working a minimum of 1,000 hours per year in a clinical area with direct patient contact or clinical research. R4-17-101 (3)

Will the Physician Assistant be performing delegated duties at the above location only? Yes ☐ No ☐

If **no**, see below and attach explanation of how each of the 3 requirements listed below will be met and list each additional location below. (If more than 3 additional locations please attach a separate sheet.)

NOTE: The Board may approve the performance of health care tasks by a physician assistant in a place which is geographically separated from the supervising physician's primary place for meeting patients if:

1. Adequate provision for immediate communication between the supervising physician or supervising physician's agent and the physician assistant exists.
2. The physician assistant's performance of health care tasks is adequately supervised and reviewed.
3. A printed announcement is posted in the waiting room of the geographically separated site that contains the names of the physician assistant and supervising physician and states that the facility employs a physician assistant who is performing health care tasks under the supervision of a licensed physician. ***A.R.S. §32-2531 (F):***

ADDITIONAL EMPLOYMENT LOCATIONS FOR THIS APPLICATION

1. CLINIC/FACILITY/INSTITUTION NAME: _____ TELEPHONE NUMBER: () _____

ADDRESS _____
(Street) (City) (State) (Zip)

2. CLINIC/FACILITY/INSTITUTION NAME: _____ TELEPHONE NUMBER: () _____

ADDRESS _____
(Street) (City) (State) (Zip)

3. CLINIC/FACILITY/INSTITUTION NAME: _____ TELEPHONE NUMBER: () _____

ADDRESS _____
(Street) (City) (State) (Zip)

1. Has your medical license in any state ever been revoked, placed on probation, restricted in any way, or suspended either by agreement or otherwise? Yes ☐ No ☐ If yes, please explain: _____

2. Has your Drug Enforcement Administration (DEA) registration/State prescriptive permit ever been denied, restricted, suspended, revoked or otherwise taken away or lost? Yes ☐ No ☐ If yes, please explain: _____

3. Do you maintain hospital privileges? Yes ☐ No ☐
4. Have your hospital privileges ever been denied, revoked, suspended, or limited in any way? Yes ☐ No ☐
If yes, please explain _____
5. Do you supervise any other physician assistants? Yes ☐ No ☐ If yes, please list each physician assistant you supervise.

A SUPERVISING PHYSICIAN SHALL NOT SUPERVISE MORE THAN TWO PHYSICIAN ASSISTANTS WHO WORK THE SAME HOURS AT THE SAME LOCATION. A.R.S. §32-2533(B)

DELEGATED HEALTH CARE & PRESCRIBING TASKS

The supervising physician is responsible for all aspects the physician assistant's performance whether or not the supervising physician actually pays the physician assistant a salary. The supervising physician is responsible for supervising the physician assistant and ensuring that the health care tasks performed by a physician assistant are within the physician assistant's scope of training and experience and have been properly delegated by the supervising physician. A.R.S. § 32-2533(A)

A supervising physician or supervising physician's agent shall not delegate to the physician assistant any health care task that the supervising physician or supervising physician's agent does not have training or experience in and does not perform. A.R.S. §32-2533(H)

I delegate performance of the following tasks and/or prescribing privileges to this physician assistant:

- | | |
|---|---|
| <input type="checkbox"/> 1. Obtain patient histories | <input type="checkbox"/> 10. Monitor the effectiveness of therapeutic interventions |
| <input type="checkbox"/> 2. Perform physical examinations | <input type="checkbox"/> 11. Offer counseling & education to meet patient needs |
| <input type="checkbox"/> 3. Formulate a diagnostic impression | <input type="checkbox"/> 12. Prescribe Prescription-Only medications |
| <input type="checkbox"/> 4. Develop and implement a treatment plan | <input type="checkbox"/> 13. Prescribe Schedule II controlled substances – 72 hours |
| <input type="checkbox"/> 5. Assist in surgery | <input type="checkbox"/> 14. Prescribe Schedule III controlled substances – 72 hours |
| <input type="checkbox"/> 6. Perform minor surgery | <input type="checkbox"/> 15. Prescribe Schedule IV controlled substances |
| <input type="checkbox"/> 7. Make appropriate referrals | <input type="checkbox"/> 16. Prescribe Schedule V controlled substances |
| <input type="checkbox"/> 8. Perform other non-surgical health care tasks | <input type="checkbox"/> 17. Prescribe Schedule II controlled substances – 14 days |
| <input type="checkbox"/> 9. Order and perform diagnostic & therapeutic procedures | <input type="checkbox"/> 18. Prescribe Schedule III controlled substances – 14 days |

"Except as provided in subsection F of this section, a physician assistant shall not prescribe, dispense or administer: (1) A schedule II or III controlled substance as defined in the federal controlled substance act of 1970 (P.L. 91-513; 84 STAT. 1242; 21 United States Code section 801) without delegation of the supervising physician, board approval and drug enforcement registration. (2) A schedule IV or V controlled substances as defined in the federal controlled substances act of 1970 without drug enforcement administration registration and delegation by the supervising physician. (3) Prescription-only medication without delegation by the supervising physician. **A.R.S. §32-2532(A)**

Does the PA have a drug enforcement number? Yes ☐ No ☐ Pending ☐ (If pending is checked, no controlled substances can be prescribed by Physician Assistant. If yes, please list DEA number: _____
Expiration Date: _____ (Attach copy of current DEA registration)

All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the SP. A PA shall issue prescription orders for controlled substances under the PA's own drug enforcement administration registration number. Prescription orders for prescription-only drugs and a controlled substance shall bear the name, address and federal registration number of the prescriber. **A.R.S. §32-2532(B), A.R.S. §36-2525(A)**

Does the physician assistant maintain a special permit or certification to take x-rays from the Medical Radiologic Technology Board of Examiners? Yes ☐ No ☐

[This box must be checked if this task is to be delegated to the physician assistant]

ADMINISTERING TASKS

I, the supervising physician for this application, have delegated the physician assistant to administer the following:

- ☐ Schedule II controlled substances ☐ Schedule III controlled substances ☐ Schedule IV controlled substances
☐ Schedule V controlled substances ☐ Non-controlled substances (*prescription only medications*)

DISPENSING TASKS

Only a supervising Physician who is registered with the board to dispense prescription drugs or devices, except for samples, can delegate dispensing privileges to physician assistant. "Dispensing" is filling prescriptions from a supply of drugs and devices kept in your office.

I, the supervising physician have a current dispensing registration on file with the applicable board and I delegate the physician assistant to dispense the following:

- ☐ Schedule II controlled substances ☐ Schedule III controlled substances ☐ Schedule IV controlled substances
☐ Schedule V controlled substances ☐ Non-controlled substances (*prescription only medications*)

Please note that the Drug Enforcement Administration (DEA) will not issue a registration number if the supervising physician has not delegated prescribing privileges to the physician assistant. For the DEA to issue a registration number to the physician assistant you must delegate these tasks on this form. The P.A. Board does not process or handle DEA registrations and cannot answer any related questions.

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
9545 E. Doubletree Ranch Road, Scottsdale, Arizona 85258, Ph: 480-551-2700, Fax: 480-551-2704

This page to be completed **ONLY** if the Supervising Physician delegates 14-Day prescribing of Schedule II and III controlled substances in Delegated Healthcare and Prescribing Tasks.

PHYSICIAN ASSISTANT ATTESTATION

Per **A.R.S. § 32-2504 (a) (12)**: I certify that within the preceding three years of this application, I: *(Please check all that apply)*

- ☐ have completed 45 hours of Pharmacology; or
- ☐ have completed 45 hours of clinical management of drug therapy; or
- ☐ am currently certified by the National Commission on the Certification of Physician Assistants (NCCPA)

I hereby certify, under penalty of perjury, that all information on this form is currently accurate.

Physician Assistant Printed Name

Physician Assistant Signature

Date

RECORDATION AND REVIEW

As a supervising physician, you are required to develop and submit in writing to the P.A. Board for approval a system for recordation and review of all 14 day schedule II and III controlled substance prescriptions. A.R.S. § 32-2533. Suggested ways of recording these prescriptions include retaining a duplicate prescription in the medical record/patient file, making a notation in the patient's medical record, or making a notation in a notebook, log or computer database.

Methodology for Recordation of 14-Day Schedule II and III Controlled Substances Prescribing:

FREQUENCY OF REVIEW: The Supervising Physician will review at least once every ninety days, the prescribing for 14-Day Schedule II and III controlled substances.

Please indicate the Frequency of Review: Days

Failure on your part to comply with this recording and review requirement could result in a loss of supervising physician privileges and will be reported to the respective Arizona Medical Board or Arizona Board of Osteopathic Examiners in Medicine and Surgery for investigation as an act of unprofessional conduct.

Supervising Physician:

Physician Assistant:

Printed Name

Printed Name

Signature

Signature

SUPERVISING PHYSICIAN'S AGENTS ADDITION PAGE

A supervising physician may designate a supervising physician's agent to provide consultation and supervise a physician assistant when the supervising physician is not immediately available. The supervising physician remains responsible for the acts of a physician assistant when the physician assistant is supervised by a supervising physician's agent. A.R.S. §32-2533 (C). The supervising physician's agent may supervise the physician assistant ONLY on patients that have a doctor patient relationship with the supervising physician. This physician assistant cannot see the patient of the supervising physician agent unless the supervising physician agent is also a supervising physician. By my signature below, I certify that I have read and will abide by Arizona Revised Statutes pursuant to Title 32 and the Rules and Regulations A.A.C. Title 4, Chapter 17.

PHYSICIAN'S SIGNATURE: _____(MD/DO)

PRINTED NAME: _____(MD/DO)

ARIZONA LICENSE NUMBER: _____ OFFICE TELEPHONE NO.: _____

OFFICE ADDRESS: _____
(Street) (City) (State) (ZIP)

Field of Practice: _____ Work Relationship to Supervising Physician: _____

PHYSICIAN'S SIGNATURE: _____(MD/DO)

PRINTED NAME: _____(MD/DO)

ARIZONA LICENSE NUMBER: _____ OFFICE TELEPHONE NO.: _____

OFFICE ADDRESS: _____
(Street) (City) (State) (ZIP)

Field of Practice: _____ Work Relationship to Supervising Physician: _____

SIGNATURES:

SUPERVISING PHYSICIAN SIGNATURE

SUPERVISING PHYSICIAN PRINTED NAME

DATE

OFFICE FAX NO: _____

PHYSICIAN ASSISTANT SIGNATURE

PHYSICIAN ASSISTANT PRINTED NAME

DATE

CERTIFICATION OF THE SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT

By my signature below, I certify that I have read and will abide by Arizona Revised Statutes pursuant to Title 32 and the Rules and Regulations A.A.C. Title 4, Chapter 17, and that any agents and the physician assistant are familiar with the Statutes and Rules regarding the practice of physician assistants and that I assume legal responsibility for health care tasks performed by the physician assistant and I accept responsibility for supervising the physician assistant and I understand the physician assistant may not perform any health care task until I receive written approval of this Notification of Supervision Application.

SIGNATURES:

SUPERVISING PHYSICIAN SIGNATURE

SUPERVISING PHYSICIAN PRINTED NAME

DATE

PHYSICIAN ASSISTANT SIGNATURE

PHYSICIAN ASSISTANT PRINTED NAME

DATE

This form must be fully completed by both, the supervising physician and the physician assistant, and the applicable fee must be submitted before it may be considered. Incomplete or incorrect applications will be returned unprocessed to the supervising physician with a letter of deficiency.

FOR P.A. BOARD STAFF USE ONLY

Reviewed by: _____

Date: _____

NOS Approved ☐ Denied ☐

The above Physician Assistant is approved for the following prescribing privileges:

- ☐ Prescribe Schedule II controlled substances – **72 hours**
- ☐ Prescribe Schedule III controlled substances – **72 hours**
- ☐ Prescribe Schedule IV controlled substances
- ☐ Prescribe Schedule V controlled substances
- ☐ Prescribe schedule II controlled substances – **14 days**
- ☐ Prescribe Schedule III controlled substances – **14 days**

- ☐ No prescribing privileges for controlled substances

Comments: _____



Arizona Regulatory Board of Physicians Assistants

PAYMENT CARD AUTHORIZATION

Payment for: _____ PA

- ☐ NOTIFICATION OF SUPERVISION APPLICATION FEE \$125
☐ TRANSFER OF AN EXISTING AGENT TO SUPERVISING PHYSICIAN \$50
☐ ADDITION OF AGENT(S) TO EXISTING NOS ON FILE \$25.00

Type of Card: ☐ Visa ☐ MasterCard

Card #:

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Expiration Date:

□ □ - □ □ (MM-YY)

Name as Shown on Payment Card: _____

Billing Address of Cardholder:

(Required)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number of Cardholder: _____

(Required)

Mailing Address of Cardholder: (If different from billing address):

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____

Date: _____

Please complete and return this form *with your notification of supervision application* if paying by credit card.

Mail to: Arizona Regulatory Board of Physician Assistants, 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258

or

Fax to: 480-551-2704

(If you fax your application and fee payment, please **DO NOT** mail in the originals as you may be charged a second time. Thank you!)